

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213552113</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>REPUBLIC MORTGAGE INSURANCE COMPANY OF NORTHCAROLINA</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>JOSEPH E BLACKBURN JR</b>  <b>300 W MAIN ST</b>  <b>RICHMOND, VA 23220-5630</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>NC</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>1/31/2013</b></p> <p>SCC ID NO: <b>F1612904</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>6,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	6,000,000
CLASS	AUTHORIZED					
COMMON	6,000,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 101 N. CHERRY STREET</p> <p style="margin-left: 40px;">CITY/ST/ZIP: WINSTON-SALEM, NC 27101</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CHRISTOPHER STEPHEN NARD  TITLE: CEO, Chairman  ADDRESS: 600 HILL RD.  CITY/ST/ZIP/CO: WINNETKA, IL 60093 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CHRISTOPHER STEPHEN NARD TITLE: CEO, Chairman ADDRESS: 600 HILL RD. CITY/ST/ZIP/CO: WINNETKA, IL 60093	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHRISTOPHER STEPHEN NARD TITLE: CEO, Chairman ADDRESS: 600 HILL RD. CITY/ST/ZIP/CO: WINNETKA, IL 60093	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN EDEL GERKE  TITLE: VP &amp; Treasurer  ADDRESS: 1331 KNEBWORTH LN.  CITY/ST/ZIP/CO: CATAWBA, NC 28609 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN EDEL GERKE TITLE: VP & Treasurer ADDRESS: 1331 KNEBWORTH LN. CITY/ST/ZIP/CO: CATAWBA, NC 28609	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOEL PASTERNAK  TITLE: VP &amp; Secretary  ADDRESS: 4109 CHERRY LAUREL LN  CITY/ST/ZIP/CO: WINSTON SALEM, NC 27106 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOEL PASTERNAK TITLE: VP & Secretary ADDRESS: 4109 CHERRY LAUREL LN CITY/ST/ZIP/CO: WINSTON SALEM, NC 27106	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOEL PASTERNAK TITLE: VP & Secretary ADDRESS: 4109 CHERRY LAUREL LN CITY/ST/ZIP/CO: WINSTON SALEM, NC 27106	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CRYSTAL ELLIOTT MARTIN  TITLE: ASST SECRETARY  ADDRESS: 101 BROOKVALLEY RD  CITY/ST/ZIP/CO: KING, NC 27021 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CRYSTAL ELLIOTT MARTIN TITLE: ASST SECRETARY ADDRESS: 101 BROOKVALLEY RD CITY/ST/ZIP/CO: KING, NC 27021	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CRYSTAL ELLIOTT MARTIN TITLE: ASST SECRETARY ADDRESS: 101 BROOKVALLEY RD CITY/ST/ZIP/CO: KING, NC 27021	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DEANA MCINNIS VICKERS  TITLE: ASST SECRETARY  ADDRESS: 135 CORBRIDGE LN.  CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27106 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DEANA MCINNIS VICKERS TITLE: ASST SECRETARY ADDRESS: 135 CORBRIDGE LN. CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27106	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DEANA MCINNIS VICKERS TITLE: ASST SECRETARY ADDRESS: 135 CORBRIDGE LN. CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27106	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
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NAME: DAVID CHRISTOPHER CASH TITLE: VP & CFO ADDRESS: 4113 ALLISTAIR RD. CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27014	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME:	JIMMY ALLEN DEW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	407 RIVERBEND DR		
CITY/ST/ZIP/CO:	ADVANCE, NC 27006		
NAME:	ALDO CHARLES ZUCARO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	126 NANTUCKET LN		
CITY/ST/ZIP/CO:	BARRINGTON, IL 60001		
NAME:	Kevin John Henry	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	150 Ridge Gate Court		
CITY/ST/ZIP/CO:	Lewisville, NC 27023		
NAME:	Spencer LeRoy, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2089 Blackstone Avenue		
CITY/ST/ZIP/CO:	LaGrange, IL 60525		
NAME:	Michael Paul Derstine	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1818 Robinhood Road		
CITY/ST/ZIP/CO:	Winston-Salem, VA 27104		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOEL PASTERNAK	JOEL PASTERNAK, VP & Secretary	12/18/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			